



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
1830 College Parkway, Suite 100
Carson City, NV 89706
(775) 684-7060 Fax (775) 684-7061
www.mld.nv.gov

TERRY JOHNSON
Director

INDEPENDENT LICENSEE

LOAN MODIFICATION CONSULTANT, FORECLOSURE CONSULTANT AND COVERED SERVICE PROVIDER – APPLICATION FOR LICENSE AND CHECKLIST (Principal Office and Branch Office)

Mail to the Division of Mortgage Lending at the above address.

- ☐ This application is for a license for the principal office.
☐ This application is for a license for a branch office.

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for a license as a (check one box): **(Please note that the forms and fees for all license types are identical.)**

- ☐ **Covered Service Provider:** may conduct all activities prescribed in Chapter 645F of NRS, including, without limitation, loan modification consultant and foreclosure consultant activities, as well as the following:
- Financial counseling, including, without limitation, debt counseling and budget counseling.
 - Receiving money for the purpose of distributing it to creditors in payment or partial payment of any obligation secured by a mortgage or other lien on a residence in foreclosure.
 - Contacting a creditor on behalf of a homeowner.
 - Arranging or attempting to arrange for an extension of the period within which a homeowner may cure his default and reinstate his obligation pursuant to a note, mortgage or deed of trust.
 - Arranging or attempting to arrange for any delay or postponement of the time of a foreclosure sale.
 - Advising the filing of any document or assisting in any manner in the preparation of any document for filing with a bankruptcy court.
 - Giving any advice, explanation or instruction to a homeowner which in any manner relates to the cure of a default in or the reinstatement of an obligation secured by a mortgage or other lien on the residence in foreclosure, the full satisfaction of the obligation, or the postponement or avoidance of a foreclosure sale.

- ☐ **Foreclosure Consultant:** may only conduct the following activities, which do not include modifying a homeowner's interest rate, advising a homeowner of options related to filing for bankruptcy or providing any financial, debt or budget counseling except as it relates to the recording of a notice of default:

- Prevent or postpone a foreclosure sale.
- Obtain any forbearance from any mortgagee or beneficiary of a deed of trust.
- Assist a homeowner in exercising the right of reinstatement provided in the legal documents.
- Obtain any extension of the period within which a homeowner may reinstate the homeowner's obligation.
- Obtain any waiver of an acceleration clause contained in any promissory note or contract secured by a mortgage on a residence in foreclosure or included in the mortgage or deed of trust.
- Assist a homeowner in foreclosure or loan default in obtaining a loan or advance of money.
- Avoid or ameliorate the impairment of a homeowner's credit resulting from the recording of a notice of default or the conduct of a foreclosure sale.
- Save a homeowner's residence from foreclosure.
- Assist a homeowner in obtaining a foreclosure reconveyance.

- ☐ **Loan Modification Consultant:** may only conduct the following activities, which do not include giving advice related to the avoidance or postponement of a foreclosure sale, providing any financial counseling or advice, even as it relates to foreclosure, and discussing options related to obtaining a new loan or filing of a bankruptcy:

- A change in the payment amount.
- A change in the loan amount.
- A loan forbearance.
- A change in the loan maturity.
- A change in the interest rate.

Applicant acknowledges that all documents filed in connection with this application are deemed to be public records, unless provided otherwise by law, and open to public inspection.

Applicant acknowledges that conducting "covered services" prior to **issuance** of a license as a loan modification consultant, foreclosure consultant or covered service provider (independent licensee) may result in administrative action and/or the imposition of a fine. Applicant understands that **it may not conduct activity until the investigation is complete and applicant sees that it is licensed on the Division's website or has a license in hand.**

1. Independent Licensee Applicant Information:

Corporate Name: _____			
DBA, if applicable: _____			
Principal Office Location: _____			
		Street Address	

City	State	Zip	
Branch Office Location: _____			
		Street Address	

City	State	Zip	
Telephone No.: _____		Fax No.: _____	
E-Mail: _____		Taxpayer Identification No.: _____	
(Mandatory)			
Applicant's Social Security No. (required if the applicant is a natural person): _____			
Contact Person for Application Process: _____			
Contact Person's Mailing Address: _____			
		Street Address	

City	State	Zip	
Contact Telephone No.: _____		Contact Fax No.: _____	
Contact E-Mail: _____			

2. If the applicant is a natural person, please list the name of the applicant and the applicant's residence address: _____

Street Address	City	State	Zip
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3. If the applicant is not a natural person, please list the name of the proposed qualified employee and each person who will have an interest in the applicant as an owner, principal, partner, officer, director or trustee, and specify the residence address, business address and capacity and title of each such person:

Name	Residence Address	Business Address	Capacity and Title

4. The length of time the applicant has been engaged in the business of a loan modification consultant, foreclosure consultant or covered service provider is:

- ☐ _____ years or
☐ _____ months or
☐ Never

5. Please list the name, residence address, business address and license number (or "pending") of each natural person who will be employed by, or otherwise associated with, the applicant as an associated licensee:

Name	Residence Address	Business Address	License No. (Indicate "Pending" If Applicable)

6. All money paid to the applicant and his associated licensees in full or partial payment of covered services will be deposited in the following checking account under the control of the applicant and located in a federally insured depository financial institution or credit union with offices in the State of Nevada. The account must be separate from money belonging to the applicant and must be designated a trust account:

Checking Account No.: _____

Title of Account: _____

Name of Federally Insured Depository Financial Institution or Credit Union: _____

Address of Federally Insured Depository Financial Institution or Credit Union: _____

Street Address

City

State

Zip

Required Items – Checklist:

- ☐ Surety bond payable to the State of Nevada in the amount of \$75,000.00 or, if the applicant maintains trust accounts and the 6-month average balance in those accounts exceeds \$50,000.00, a surety bond in the amount of \$100,000.00, and which names as principals the applicant and all associated licensees employed by, or otherwise associated with, the applicant, or a substitute form of security.
- ☐ Child Support Statement from each natural person with an ownership interest in the applicant, each person who has the power to direct the management and policy of the applicant and the proposed qualified employee. (Required regardless of any support obligations pursuant to NRS 425.520 and Sec. 21 and 126 of R052-09.)

- ☐ Personal History Record (including an explanation of “Yes” answers) completed, signed and notarized, for the applicant or, if the applicant is not a natural person, each natural person who owns a 25% or more interest in the applicant, each natural person who has the power to direct the management and policy of the applicant and the proposed qualified employee.
 - ☐ Personal Financial Questionnaire, completed, signed and notarized, for each natural person who owns a 25% or more interest in the applicant, each person who has the power to direct the management and policy of the applicant and the proposed qualified employee(s).
 - ☐ Non-Personal History Record (including an explanation of “Yes” answers) completed, signed and notarized, for the applicant and for each entity that owns a 25% or more interest in the applicant.
 - ☐ All natural person applicants must submit certificate(s) of completion evidencing compliance with the educational requirements for initial licensure, as follows:
 - If the applicant is applying for a covered service provider license, 25 hours of instruction (live or on-line).
 - If the applicant is applying for a foreclosure consultant license, 20 hours of instruction (live or on-line).
 - If the applicant is applying for a loan modification consultant, 15 hours of instruction (live or on-line).
- The 25, 20 and 15 hours of instruction, respectively, must include, at a minimum:
- 3 hours of professional ethics, which must include instruction on fraud, consumer protection and fair lending issues;
 - 6 hours of federal laws and regulations relating to mortgage lending, which must include not less than 2 hours regarding the Real Estate Settlement Procedures Act (“RESPA”), 2 hours regarding the Truth-in-Lending Act (“TILA”), and 2 hours regarding other federal laws and regulations, including information related to the tax consequences of loan modification or foreclosure and federal programs designed to assist homeowners facing foreclosure; and
 - 4 hours of Nevada laws and regulations relating to mortgages, at least 2 hours of which must be related to Chapter 645F of NRS and Chapter 645F of NAC.
- ☐ If the applicant is a corporation, a copy of its articles of incorporation and its bylaws and its balance sheet and a statement of the profit and loss of the corporation for the 2 years immediately preceding the year of the application (not applicable for newly formed companies).
 - ☐ If the applicant is a corporation being organized, a copy of its proposed articles of incorporation and its bylaws.
 - ☐ Financial statement of the applicant.
 - ☐ If the applicant is a partnership or joint venture, a copy of the agreement of partnership or joint venture and the financial statements of the general partners for the 2 years immediately preceding the year of the application.
 - ☐ If the applicant is a limited liability company, a copy of its articles of organization and operating agreement and a statement of the profit and loss of the limited liability company for the 2 years immediately preceding the year of the application (not applicable for newly formed companies).
 - ☐ Include a general business plan and a description of the policies and procedures that the applicant and his associated licensees will follow in providing services and conducting activities pursuant to Chapter 645F of NRS and R052-09.
 - ☐ Letter of explanation for derogatory credit, including state and federal tax liens, collections items, judgments, foreclosures, past dues or write-offs. Include any documentation demonstrating that any items which may appear on your credit report have been recently paid or negotiated into payment arrangements. If not paid or negotiated, include with your explanation the reasons why the credit issues occurred and why you have not taken care of the issues.
 - ☐ A copy of the certificate filed by the applicant pursuant to Chapter 602 of NRS indicating the fictitious name of the applicant, if any.

- ☐ A copy of the lease of the applicant or other document which includes the address of the place of business and phone number of the applicant.
- ☐ If the applicant is a natural person, documentation evidencing that the applicant has at least 2 years of verifiable experience working in the real estate, mortgage, foreclosure or loan modification industries or applicable financial or legal fields.
- ☐ If the applicant is not a natural person, documentation evidencing that the proposed qualified employee(s) has/have at least 2 years of verifiable experience working in the real estate, mortgage, foreclosure or loan modification industries or applicable financial or legal fields.
- ☐ Associated Licensee – Loan Modification Consultant, Foreclosure Consultant and Covered Service Provider – Application for License and Checklist.
- ☐ Applications will not be processed if the applicant has failed to pay all fees, assessments and/or fines owed.
- ☐ **\$750.00** non-refundable application fee for the principal office or **\$100.00** non-refundable application fee for a branch office. (Make check payable to “Division of Mortgage Lending.”)
- ☐ Annual assessments for CPA and AG costs incurred by the Division. The amount will vary from year to year. You may contact the Division for the current amount. (Make check payable to “Division of Mortgage Lending.”)

Prior to issuance of a loan modification consultant, foreclosure consultant or covered service provider license, the applicant must submit:

- ☐ Supporting documentation that the applicant is in good standing with the State of Nevada, Secretary of State, and the most recent list of its officers, members or managers, and registered agents that is filed with the Secretary of State.
- ☐ A copy of his business license, when applicable, or his application for such a license if he has not obtained one.
- ☐ A copy of his State of Nevada Department of Taxation business license, or his application for such a license if he has not obtained one.
- ☐ **\$500.00** non-refundable, non-prorated initial year licensing fee for the principal office or **\$150.00** non-refundable, non-prorated initial year licensing fee for a branch office. (All licenses expire annually on July 1.) (Make check payable to “Division of Mortgage Lending.”)

Applicant understands that if it is applying for a license for an office or other place of business located outside Nevada from which the applicant will conduct business in Nevada, the applicant agrees to either (1) make available at a location within Nevada the books, accounts, papers, records and files of the office or place of business located outside Nevada to the Commissioner or a representative of the Commissioner; or (2) pay the reasonable expenses for travel, meals and lodging of the Commissioner or a representative of the Commissioner incurred during any investigation or examination made at the office or place of business located outside Nevada.

I, the undersigned, state that I am authorized to sign the within application for a license as a loan modification consultant, foreclosure consultant or covered service provider (“independent licensee”) (“application”) on behalf of the applicant named herein, that I have read and signed this application and know the contents thereof and that the statements made therein are true. By signing below, I represent that I have personally completed this application and verified the information contained herein.

Applicant understands that it will be required to comply with all prescribed standards for licensure adopted pursuant to R052-09.

Applicant acknowledges that all fees paid to the Division in connection with this application are non-refundable.

Applicant further acknowledges and agrees that if the applicant maintains its principal office outside the State of Nevada, that any action brought against the applicant under Chapter 645F of NRS or any regulations promulgated thereunder will, at the sole discretion of the Commissioner of the Division, be under the jurisdiction of either the Second Judicial District Court of the State of Nevada in and for Washoe County or the Eighth Judicial District Court of the State of Nevada in and for Clark County. If the applicant's principal office is within the State of Nevada, any matters will be brought in the applicable Nevada court.

Name of Applicant: _____

Subscribed and sworn to before me this _____
Day of _____, 20____

By: _____
Authorized Signatory (Owner)

Notary public in and for the County of _____,
State of _____

My commission expires _____

Name (print or type)

Notary Signature: _____

Date

Notary Seal



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CHILD SUPPORT STATEMENT

You are required to complete this Child Support Statement and return it with your application. **Failure to submit a fully completed and signed Child Support Statement will result in the application for licensing being denied.** (NRS 425.520, NRS 645A.025, NRS 645B.023, NRS 645B.420, NRS 645E.210 and Sec. 21 and 126 of R052-09)

Please check one box:

- ☐ I am **not** subject to a court order for the support of a child.
- ☐ I **am** subject to a court order for the support of one or more children and **am in compliance** with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I **am** subject to a court order for the support of one or more children and **am not in compliance** with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Full Legal Name (printed)

Social Security Number

Signature of Applicant

Date



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**PERSONAL HISTORY RECORD – LOAN MODIFICATION CONSULTANT,
FORECLOSURE CONSULTANT OR COVERED SERVICE PROVIDER APPLICANT
(Submit For Natural Persons)**

This Personal History Record – Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider Applicant (Submit For Natural Persons) (“Personal History Record”) is to be completed by each natural person who owns a 25% or more interest in the applicant, each person who has the power to direct the management and policy of the applicant and the proposed qualified employee(s). Please indicate the natural person for whom this form is being submitted:

- ☐ Person who owns a 25% or more interest in the applicant
☐ Person who has the power to direct the management and policy of the applicant
☐ Proposed qualified employee

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not enough space to answer the question sufficiently, continue on the Explanation Form and mark each answer with the corresponding number of the question. However, attachments are only permitted if additional space is needed. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification. Incomplete applications will be returned.

Original or “wet” signatures are required on all Division documents. All pages must be submitted on 8 ½ x 11” paper. White-out and/or correction tape is/are not permitted.

Applicants are advised that this Personal History Record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial or revocation of a license.

Full Legal Name: _____

First
Middle
Last

Residence Address: _____

Address
City
State
Zip

Residence Phone: _____ Business Phone: _____ Cell: _____

Gender: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Birthdate: _____ Birthplace: _____

Social Security No.: _____ Nevada Driver’s License No.: _____

(submit copy) or Other State Driver’s License No.: _____ (submit copy)

1. Residential Addresses For The Last 5 Years (beginning with the most recent). (If additional space is required, use the Explanation Form. All "gaps" in residential address information must be explained.)

From	To	Street	City	State	Zip
	Present				

Note: Attach separate sheet if additional space is needed.

Are you a citizen of the United States? Yes ____ No ____

If no, Registration No.: _____

If naturalized, Certificate No.: _____ Date: _____

If you are not a citizen of the United States, or if you are not naturalized, provide documentation evidencing your eligibility to work in the United States. (Submit copy of resident alien card.)

List of other names known by, such as maiden name, nickname, etc.: _____

2. Employment (If additional space is required, use the Explanation Form. All lapses of time must be explained.) Beginning with your current employment, list your work history, all businesses with which you have been involved and/or periods of unemployment for the **last 5 years**. List all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

From	To	Employer Name and Address	Job Title and Duties Performed
	Present		

Note: Attach separate sheet if additional space is needed.

3. Disclosure Items

You are **required** to provide an explanation for 'yes' answers to the questions below. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

**INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY
IN PROCESSING YOUR APPLICATION**

- a. Have you ***ever*** been charged, arrested, convicted of, or pled guilty or nolo contendere ("no contest") to any felony or misdemeanor in any domestic, foreign or military court? You must include all convictions, whether sealed or expunged, as well as explanations related to charges which were dismissed, denied, withheld, pled down, or other action taken in your response.

☐ Yes ☐ No

If the answer is "Yes," please explain in detail all charges, arrests, convictions and pleas, including the jurisdictions and dispositions.

- b. Have you ***ever*** had an administrative action taken by, or entered into any settlement agreement with, any federal, state or local governmental agency, whether in a civil or criminal matter?

☐ Yes ☐ No

If the answer is "Yes," give details:

- c. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) ***ever*** had conditions placed upon a privileged or professional license or registration, or had a privileged or professional license or registration that was issued in the State of Nevada or any other state, district or territory of the United States or any foreign country denied, suspended or revoked by any local, state, federal or other regulatory entity?

☐ Yes ☐ No

If the answer is "Yes," give details:

- d. Have you within the past 10 years made a compromise with creditors, filed a personal bankruptcy petition or been the subject of a voluntary or involuntary bankruptcy petition for an organization while you exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

☐ Yes ☐ No

If the answer is "Yes," give details:

- e. Has a bonding company *ever* denied, paid out on, or revoked a bond for you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control?

☐ Yes ☐ No

If the answer is "Yes," give details:

- f. Do you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control have any unsatisfied judgments or liens?

☐ Yes ☐ No

If the answer is "Yes," give details:

- g. Do you have a relative that is or has been associated with the loan modification consultant, foreclosure consultant, covered service provider or mortgage industries in any state? ("Relative" means a spouse or any other person related within the second degree by blood or marriage.)

☐ Yes ☐ No

If the answer is "Yes," give details:

- h. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control had a civil or criminal record expunged or sealed by a court order?

☐ Yes ☐ No

If the answer is "Yes," give details:

- i. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control been a party to any past or present civil litigation?

☐ Yes ☐ No

If the answer is "Yes," give details:

- j. Within the last 12 months, have you been past due on financial obligations which total more than \$3,000.00?

☐ Yes ☐ No

If the answer is "Yes," give details:

- k. Are you subject to any pending regulatory action in the State of Nevada or any other state?

☐ Yes ☐ No

If the answer is "Yes," give details:

- l. Are you subject to any pending actions that could result in a 'yes' answer to any of the above questions?

☐ Yes ☐ No

If the answer is "Yes," give details:

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.) Copies of this page can be made if more space is needed.

Question Number	Explanation

**BACKGROUND CHECK AUTHORIZATION, RELEASE
AND AGREEMENT TO INDEMNIFY**

By my signature below, I hereby give to the State of Nevada, its directors, officers, employees, agents and representatives (collectively, "the State"), my written consent to obtain credit reports and child support information on me and to conduct criminal history and background checks on me, pursuant to applicable law and/or as the Commissioner of the Division of Mortgage Lending ("the Division"), in his sole discretion, may from time to time deem necessary or appropriate. In connection with the criminal history and background checks on me, I understand that I am required, and agree, to provide to the Division a complete set of fingerprints which the Division will forward to the Department of Public Safety for processing and submission to the Federal Bureau of Investigation for its report.

I have filed with the Division an "application" under Chapter 645A, B, E or F of the Nevada Revised Statutes ("NRS") and regulations promulgated thereunder to be licensed or request for approval as a mortgage banker, mortgage broker, mortgage agent, loan modification consultant, foreclosure consultant, covered service provider, escrow agency, escrow agent, qualified employee or key officer/director/majority owner, as applicable. I understand that I am seeking the granting of a privilege and acknowledge that the burden of providing my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism or other action or financial loss which may result from action with respect to this application.

I do, for myself, my spouse, heirs, executors, administrators, successors and assigns, hereby irrevocably and unconditionally release, remise and forever discharge the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against any and all claims, causes of action, damages, demands, debts, judgments, liens, rights, suits, controversies, losses, costs and expenses (including, but not limited to, attorney's fees and costs) (collectively, "claims") of any nature whatsoever, whether known or unknown, suspected or unsuspected, fixed or contingent, in law or equity, which I ever had, now have, may have, or claim to have, arising out of, or in connection with, the within application.

I agree to indemnify and hold harmless the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against all claims, damages, losses and expenses (including attorney's fees and costs) arising out of or in connection with the within application.

I, the undersigned, state that I am the person named in the within application; that I have read and signed the application, including the Personal History Record, and know the contents thereof, and that the statements made therein are true. By signing below, I represent that I have personally completed the application and all supporting documents that accompany it and I have read and agree to the above investigations into my credit history and child support information, and criminal history and background checks.

APPLICANT'S SIGNATURE:	Subscribed and sworn to before me this _____ day of _____, 20____
_____ Signature	Notary public in and for the County of _____, State of _____. My commission expires _____.
_____ Name (print or type)	Notary Signature _____
_____ Date	Notary Seal



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**NON-PERSONAL HISTORY RECORD – LOAN MODIFICATION CONSULTANT,
FORECLOSURE CONSULTANT OR COVERED SERVICE PROVIDER APPLICANT
(Submit For Other Than Natural Persons)**

This Non-Personal History Record – Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider Applicant (Submit For Other Than Natural Persons) (“Non-Personal History Record”) is to be completed by the applicant and each non-natural person/entity that owns a 25% or more interest in the applicant. Natural person owners must complete a Personal History Record. Please indicate for whom this form is being submitted:

- ☐ Applicant
☐ Entity that owns a 25% or more interest in the applicant

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not enough space to answer the question sufficiently, continue on the Explanation Form and mark each answer with the corresponding number of the question. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification. Incomplete applications will be returned.

Original or “wet” signatures are required on all Division documents. All pages must be submitted on 8 ½ x 11” paper. White-out and/or correction tape is/are not permitted.

Applicants are advised that this Non-Personal History Record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial or revocation of a license.

Name of Applicant: _____

List any dba’s of the applicant if not the corporate name: _____

Applicant’s Principal Place of Business: _____

Street Address City State Zip

Telephone No.: _____ E-Mail: _____
(Mandatory)

Taxpayer Identification No.: _____

1. Please complete the following:

Names of All Owners of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider Applicant	Percentage of Interest Held (Must Equal 100%)
	_____ %
	_____ %
	_____ %
	_____ %

For each individual listed above, a Personal History Record, Child Support Statement and two completed fingerprint cards must be submitted. (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)

2. Arrests, Detentions, Litigation and Disclosure Items

An explanation for 'yes' answers is **required**. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

**INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY
IN PROCESSING YOUR APPLICATION**

- a. Has any owner, officer or director of the applicant ***ever*** been charged, arrested, convicted of, or pled guilty or nolo contendere ("no contest") to any felony or misdemeanor in any domestic, foreign or military court? You must include all convictions, whether sealed or expunged, as well as explanations related to charges which were dismissed, denied, withheld, pled down, or other action taken in his response.

☐ Yes ☐ No

If the answer is "Yes," please explain in detail all charges, arrests, convictions and pleas, including the jurisdictions and dispositions.

- b. Has the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control ***ever*** had an administrative action taken by, or entered into any settlement agreement with, any federal, state or local governmental agency, whether in a civil or criminal matter?

☐ Yes ☐ No

If the answer is "Yes," give details:

- c. Has the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control **ever** had conditions placed upon a privileged or professional license or registration, or had a privileged or professional license or registration that was issued in the State of Nevada or any other state, district or territory of the United States or any foreign country denied, suspended or revoked by any local, state, federal or other regulatory entity?

☐ Yes ☐ No

If the answer is “Yes,” give details:

- d. Has the applicant within the past 10 years made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition for an organization while the applicant exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

☐ Yes ☐ No

If the answer is “Yes,” give details:

- e. Has a bonding company **ever** denied, paid out on, or revoked a bond for the applicant or any company in which the applicant is or has ever been an owner or over which the applicant has exercised control?

☐ Yes ☐ No

If the answer is “Yes,” give details:

- f. Does the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control have any unsatisfied judgments or liens?

☐ Yes ☐ No

If the answer is “Yes,” give details:

- g. Does any owner, officer or director of the applicant have a relative who is or has been associated with loan modification consultant, foreclosure consultant, covered service provider or mortgage industries in any state? (“Relative” means a spouse or any other person related within the second degree by blood or marriage.)

☐ Yes ☐ No

If the answer is “Yes,” give details:

- h. Has the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control had a civil or criminal record expunged or sealed by a court order?

☐ Yes ☐ No

If the answer is “Yes,” give details:

- i. Has the applicant or any company in which the applicant ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control been a party to any past or present civil litigation?

☐ Yes ☐ No

If the answer is “Yes,” give details:

- j. Is the applicant subject to any pending regulatory action in the State of Nevada or any other state?

☐ Yes ☐ No

If the answer is “Yes,” give details:

- k. Is the applicant subject to any pending actions that could result in a ‘yes’ answer to any of the above questions?

☐ Yes ☐ No

If the answer is “Yes,” give details:

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.)
Copies of this page can be made if more space is needed.

Question Number	Explanation

I, the undersigned, state that I am authorized to sign the within Non-Personal History Record on behalf of the applicant named herein; that I have read and signed this Non-Personal History Record and know the contents thereof and that the statements made therein are true. By signing below, I represent that I personally have completed this Non-Personal History Record and verified the information contained herein.

APPLICANT'S SIGNATURE:

Name of Applicant (Independent Licensee):

By: _____
Authorized Signatory (Owner)

Name (print or type)

Title

Date

Or:

**ENTITY OWNING 25% OR MORE INTEREST IN THE APPLICANT
(INDEPENDENT LICENSEE):**

Name of Entity: _____

By: _____
Authorized Signatory

Name (print or type)

Title

Date

Subscribed and sworn to before me this ____ day of _____, 20____

Notary public in and for the County of _____, State of

My commission expires _____

Notary Signature _____

Notary Seal



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
1830 College Parkway, Suite 100
Carson City, NV 89706
(775) 684-7060 Fax (775) 684-7061
www.mld.nv.gov

TERRY JOHNSON
Director

**PERSONAL FINANCIAL QUESTIONNAIRE – LOAN MODIFICATION CONSULTANT,
FORECLOSURE CONSULTANT OR COVERED SERVICE PROVIDER APPLICANT**

Mail to the Division of Mortgage Lending at the above address.

A Personal Financial Questionnaire is to be completed by each natural person who owns a 25% or more interest in the applicant, each person who has the power to direct the management and policy of the applicant and the proposed qualified employee(s). Please indicate the natural person for whom this form is being submitted:

- ☐ Person who owns a 25% or more interest in the applicant
- ☐ Person who has the power to direct the management and policy of the applicant
- ☐ Proposed qualified employee

This form is not made part of the public record of the application.

Original or "wet" signatures are required on all Division documents. All pages must be submitted on 8-1/2 x 11" paper. White-outs and/or correction tape is/are not permitted.

Name of person completing this document: _____			
First	Middle	Last	
Name of applicant (independent licensee) for which associated licensing affiliation is requested: _____ _____			
Address of Principal Place of Business: _____			
Street Address			
City	State	Zip	
Telephone No.: _____		Fax No.: _____	
E-Mail: _____ (Mandatory)			

STATEMENT OF ASSETS

As Of _____ (Insert Date)

	<u>Balance</u>
Cash on Hand.....	\$ _____
Checking Account.....	\$ _____
Checking Account.....	\$ _____
Savings Account.....	\$ _____
Money Market Account.....	\$ _____
Investments: Stocks, Bonds, etc.....	\$ _____
Description: _____	
Accounts and Notes Receivable	\$ _____
Description: _____	
Other Current Assets.....	\$ _____
Description: _____	
Real Estate	\$ _____
Description: _____	
Fixed Assets, except Auto (less depreciation).....	\$ _____
Description: _____	
Other Assets (automobiles, personal property, etc.).....	\$ _____
Description: _____	
TOTAL ASSETS:	\$ _____

Attach additional sheet if necessary.

STATEMENT OF LIABILITIES
Current Liabilities

	<u>Balance</u>
Accounts Payable (credit cards, etc.).....	
Description: _____	\$ _____
Description: _____	\$ _____
Description: _____	\$ _____
Notes Payable, Mtg & Auto Loans (list each lender separately)	
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Taxes Payable.....	\$ _____
Other Liabilities.....	\$ _____
Description: _____	
Other Liabilities.....	\$ _____
Description: _____	
Other Liabilities.....	\$ _____
Description: _____	
TOTAL LIABILITIES:	\$ _____
NET WORTH (Total Assets Minus Total Liabilities).....	\$ _____
Amount to be invested in business.....	\$ _____
Percentage of ownership represented by investment.....	\$ _____

Attach additional sheet if necessary.

I, the undersigned, state that I am authorized to sign the within Personal Financial Questionnaire – Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider Applicant (“Personal Financial Questionnaire”); that I have read and signed this Personal Financial Questionnaire and know the contents thereof and attest that the statements made therein are true. By signing below, I represent that I have personally completed this Personal Financial Questionnaire and verified the information contained herein.

Further, I understand that this Personal Financial Questionnaire is an official document and misrepresentations or the failure to disclose information requested or the later discovery of an omission or misrepresentation made in this Personal Financial Questionnaire may be deemed sufficient cause for the denial or revocation of a license.

Signature: _____

Name (print or type)

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary public in and for the County of _____, State of

My commission expires _____

Notary Signature _____

Notary Seal



BRIAN SANDOVAL
Governor

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TERRY JOHNSON
Director

DESIGNATION OF QUALIFIED EMPLOYEE

(Use This Form For Initial License Submissions
And For Any Subsequent Changes in the QE)

Mail to the Division of Mortgage Lending at the above address.

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for designation as the qualified employee for a loan modification consultant, foreclosure consultant or covered service provider (independent licensee).

Qualified Employee Information:

Name: _____				
_____	_____	_____	_____	
	First	Middle	Last	
Home Address: _____				
_____	_____	_____	_____	_____
	Street	City	State	Zip
Social Security No.: _____		Telephone No.: _____		
Is the proposed qualified employee an owner of the applicant (independent licensee)?				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider

(Independent Licensee) Information: (Indicate the office location at which the QE will work)

Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) Name: _____				
License No.: _____				
Address: _____				
_____	_____	_____	_____	_____
	Street	City	State	Zip
Telephone No.: _____		E-Mail: _____		
		(Mandatory)		
Fax No.: _____				

Required Items – Proposed Qualified Employee - Checklist:

(Forms available on the Division's website, mld.nv.gov)

- ☐ Child Support Statement completed by the proposed QE. (Required for all submissions regardless of any support obligations pursuant to NRS 425.520 and Sec. 126 of R052-09.)
- ☐ Personal History Record (including an explanation of "Yes" answers) completed and signed by the proposed QE and notarized.
- ☐ Evidence of at least 2 years of verifiable experience working in the real estate, mortgage, foreclosure or loan modification industries or applicable financial or legal fields. (W-2's & letters from current and prior employers)
- ☐ Associated Licensee – Loan Modification Consultant, Foreclosure Consultant and Covered Service Provider – Application for License and Checklist.
- ☐ Applications will not be processed if the applicant has failed to pay all fees, assessments and/or fines owed.

I declare under penalty of perjury that I have read the foregoing and it is true to the best of my knowledge and belief.

Signature of Proposed Qualified Employee: _____

Print Name of Proposed Qualified Employee: _____

Signature of Principal Officer: _____

Print Name of Principal Officer: _____

Date: _____

Original or "wet" signatures required.